

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/541,994  
FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1,2					53						
4		2,1					54						
5		1,2,3					55						
6		①,1					56						
7		①,1					57						
8		①,1					58						
9		①,1					59						
10		①,1					60						
11		①,1					61						
12		①,1					62						
13		①,1					63						
14		①,1					64						
15		①,1					65						
16		①,1					66						
17		①,1					67						
18		1,①,1					68						
19		①,1					69						
20		1,①,1					70						
21		①,1					71						
22		1,①,1					72						
23		①,1					73						
24		1,①,1					74						
25		1					75						
26		1					76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	25	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	26						TOTAL CLAIMS						